6/7/24, 3:12 PM

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA0000000023

Phone : (614)280-3338

: (614)573-3996

Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: BUSINESSREGISTRATION@EDMENTUM.COM

Foreign Limited Liability Company APEX LEARNING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Apex Learning, LLC

mme unavailable, enter afternate i	name adopted for the purpose of transacting business in Flo	orida. The alt	ernste name must include "Limited Liability Comp	noy," "L.L.C," or "LLC	
Washington		3.	01-1935905		
(Jurisdiction under the law of w	hich foreign himited liability company is organized)	ے	(Fill number, if applicat	(FIII number, if applicable)	
Upon Filling					
~ · · · · · · · · · · · · · · · · · · ·	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine	egistration.) ne penalty lia	biliny)		
5600 West 83rd Street			600 West 83rd Street		
ect Address of Principal Office)		6	(Mailing Address)		
Suite 300, Tower 8200		s	nite 300, Tower 8200		
Bloomington, MN 55437		Bloomington, MN 55437			
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acc	ceptable)	7- HUF HZA	
Name:	C T Corporation System			มห - 7	
Office Address:	1200 South Pine Island Road			P1 5.	
	Plantation		33324 , Florida	02	
	(Cuy)		(Zip code)		

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

<u> </u>	/Peristrant aread's signature\	AN TOWN
Bv:	SEAN L EMERICK, ASSISTANT SECRETARY	Va. T (Since - 1)
	C T Corporation System	Salduid

8.	. For init	ial indexing purposes	, list names, title o	or capacity and	addresses of the pr	imary members/m	anagers or persons	authorized to
m	anage [urှ	o to six (6) totai):						

Title or Capacity:	Name and Address:	Title or Capacity	<u>y:</u>	Name and Address:
■Manager	Name: AL Digital Holdings, LLC	□Manager	Name:	
□Member	Address: 5600 West 83rd Street	□Member	Address:	
□Authorized	Suite 300, Tower 8200	□ Authorized		
Person	Bloomington, MN 55437	Person		
□Other	□Other	□Other		☐Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other		□Other		☐Other
□Manager ¹	Name:	⊡Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		☐ Authorized	*************************	
Person		Person		
Other	Other	Other		☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

	Kel CI	
	Signature of an authorized person	
Michael Trimarchi		
	Typed or uninted name of suppos	

Kakari P



Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

APEX LEARNING, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 12/16/1998.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 05/06/2024 UBI Number: 601 919 241

R Hohira



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 05/06/2024